



EVIDENCE BASED MEDICINE – THE NEED OF THE HOUR

AUTHOR DETAILS

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ABSTRACT:

Many have claimed that homoeopathy is nothing but placebo effect. Despite of plethora of evidence suggesting the role of homeopathic formulations in the management of a variety of diseases in clinical practice, its mode of action remains unclear. Therefore, the time has come to show to the scientific community the exact mechanism of action of homoeopathic medicines which should be supported by objective evidence to refute their claims that homoeopathy is the placebo effect. What Dr. Samuel Hahnemann wrote 200 years back is still being blindly followed even in the 21st century without any advancement being made. **“Evidence based medicine is the need of the hour!!!”** It is our moral responsibility as the torchbearers of homoeopathy to provide evidence-based homoeopathic case reports to show the effectiveness and precision of homoeopathic medicines with results.

KEYWORDS: Evidence based homoeopathy, clinical homoeopathy, evidence-based case series.

CASE 1:

➤ PRELIMINARY DATA

- NAME: MR. K.
- AGE: 20/MALE
- QUALIFICATION: 10TH
- MARITAL STATUS: UNMARRIED
- OCCUPATION: AS A HELPER IN L&T COMPANY
- DATE OF VISIT: 15/08/2022

➤ CHIEF COMPLAINT

- He has complaint of sticky urine for 6 months.
- On investigations, he was found out to be presence of spermatozoa in urine.
- Also has complain of premature ejaculation – he gets ejaculation as soon as erection is complete.

➤ ONSET, DURATION & PROGRESS

- It started all before 6 months.
- He first started complain of premature ejaculation during coition. And later, developed complain of sticky urine.

➤ PAST HISTORY

- Recurrent respiratory illness in childhood.
- No major illness.
- Once fall from bike – injury to knee.

➤ PHYSICAL GENERALS

- Appetite: 3 times/day --- can tolerate hunger.
- Thirst: can stay thirsty for more than 6 hours. He does not need water for whole day too if he is engrossing in his work. Thirstless.
- Desire: fruit-juices.
- Aversion: milk.
- Stool: once a day. Satisfactory stool.
- Urine: 5-6 times/ day. Sticky urine.
- Perspiration: scanty, rarely occurs – mostly generalized. No odor, no stain.
- Sleep: 7 hrs./night. Sound sleep.
- Dreams: not any.
- Thermals: cannot tolerate cold. Wants warm water to bath in all seasons. →chilly.

➤ FAMILY HISTORY

- Mother- bronchial asthma
- Father- hypertension
- Brother – diabetes.

➤ MENTALS:

- In childhood, there was 4 members in his family. Mother, father, brother & himself.
- He was good in studies. Always studies by himself. No need to force him to study ☑ diligent. He likes all the subjects.
- He was very well behaved in classroom. He was very timid and does not fight and retaliate to anyone in school. He just avoids the fights in school.
- Father was farmer and financial condition of home was very poor.
- So, in search of job he came to Surat from Uttar Pradesh.
- Currently, he is working in L&T company as a helper.
- He never disrespect is superior and parents. He is an obedient boy.
- But, since childhood, he has habit to masturbation. He cannot give up his habit. After masturbation, he always feels that it is wrong and i will not do it again. But he cannot resist at all.

➤ SEXUAL HISTORY

- He is having a girlfriend in Surat for the past 8 months.
- He is also having physical relation with her. So, he feels that there is complain of premature ejaculation and I cannot last for 30 seconds also.
- Due to this all complains, now, he does not like to have sexual relation with her too.

➤ REPERTORIAL TOTALITY

- Male Sexual Pollutions, Seminal Emissions General Urination During
- Male Sexual Ejaculations, Seminal Discharge Premature, Too Quick Shortly After Erection
- Male Sexual Masturbation, Disposition To
- Male Sexual Coition Aversion To, Sexual Aversion
- Mentals Anxiety Conscience, Of Masturbation, After

ANXIETY conscience, of masturbation, after	☑ Mentals	Ph-ac	Kali-br	Phos	Alum	Bufo	Cann-s
MASTURBATION, disposition to	☑ Male Sexual	3					
COITION aversion to, sexual aversion	☑ Male Sexual	2	2	2	2	3	1
POLLUTIONS, seminal emissions General urination during	☑ Male Sexual	1	1	1		1	1
EJACULATIONS, seminal discharge premature, too quick shortly after erection	☑ Male Sexual	2	1	1	2		
	☑ Male Sexual	2					

Rx. PHOS-ACID 200 I DOSE. SL TDS FOR 1 MONTH.

REPORT BEFORE & AFTER:

BHAGYODAY
CLINICAL LABORATORY

Mr. Hitesh S. Champaneria (B.Sc., D.M.L.T.)
Mo. : 98254 74355
General DIAGNOSTICS

Main Branch : 1st Floor, Bhatlaj Road, Near Police Chowki, Mori Char Rasta, Hazira Road, Surat - 394 517.
Collection Center : E-51, Jayraj Society Ichhapor Bus Stop-3, Ichhapor, Adajan Hazira Road, SURAT-394 510.

Name : KURBAN AHMAD
Ref By : KALPESH PATEL - LIFE CARE HOSPITAL

Age/Sex : 20 Yrs./M
Date : 15/09/2022
U.I.D. : 22091530

TEST	RESULT	UNIT
Sample	RANDOM	
PHYSICAL EXAMINATION		
Quantity	40	ml
Colour	PALE YELLOW	
Transparency	CLEAR	
Specific Gravity	Q.N.S.	
pH	ACIDIC	
Deposits	ABSENT	
CHEMICAL EXAMINATION		
Albumin	ABSENT	
Sugar	ABSENT	
Acetone	ABSENT	
Bile Salts	ABSENT	
Bile Pigments	ABSENT	
MICROSCOPIC EXAMINATION		
Pos Cells / h.p.f.	1-2	
R.B.C. / h.p.f.	ABSENT	
Epithelial / h.p.f.	1-2	
Crystals / h.p.f.	ABSENT	
Amorphous Material	ABSENT	
Cast	ABSENT	
Bacteria	ABSENT	
Mucus	ABSENT	
Yeast	ABSENT	
Trichomonas	ABSENT	
Spermatozoa	PRESENT	
Fungus	ABSENT	

END OF REPORT

Chief Technologist
Mr. Hitesh S. Champaneria

BASIC COMPOSITE LABORATORY

Dr. Vineet U. Bhawani
M.D. (PATHOLOGY)

Timing : 8:00 a.m. To 9:00 p.m.

BHAGYODAY
CLINICAL LABORATORY

Mr. Hitesh S. Champaneria (B.Sc., D.M.L.T.)
Mo. : 98254 74355
General DIAGNOSTICS

Main Branch : 1st Floor, Bhatlaj Road, Near Police Chowki, Mori Char Rasta, Hazira Road, Surat - 394 517.
Collection Center : E-51, Jayraj Society Ichhapor Bus Stop-3, Ichhapor, Adajan Hazira Road, SURAT-394 510.

Name : KURBAN AHMAD
Ref By : SELF

Age/Sex : 20 Yrs./M
Date : 15/09/2022
U.I.D. : 22091530

TEST	RESULT	UNIT
Sample	RANDOM	
PHYSICAL EXAMINATION		
Quantity	40	ml
Colour	PALE YELLOW	
Transparency	CLEAR	
Specific Gravity	Q.N.S.	
pH	ACIDIC	
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CHEMICAL EXAMINATION		
Albumin	ABSENT	
Sugar	ABSENT	
Acetone	ABSENT	
Bile Salts	ABSENT	
Bile Pigments	ABSENT	
MICROSCOPIC EXAMINATION		
Pos Cells / h.p.f.	1-2	
R.B.C. / h.p.f.	ABSENT	
Epithelial / h.p.f.	1-2	
Crystals / h.p.f.	ABSENT	
Amorphous Material	ABSENT	
Cast	ABSENT	
Bacteria	ABSENT	
Mucus	ABSENT	
Yeast	ABSENT	
Trichomonas	ABSENT	
Spermatozoa	ABSENT	
Fungus	ABSENT	

END OF REPORT

Chief Technologist
Mr. Hitesh S. Champaneria

BASIC COMPOSITE LABORATORY

Dr. Vineet U. Bhawani
M.D. (PATHOLOGY)

Timing : 8:00 a.m. To 9:00 p.m.

* In case of abnormal or unexpected value for the test, it is advisable to co-relate clinical findings for diagnosis.

CASE 2:

- **PRILIMINARY DATA:**
 - NAME: MR. D. G.
 - AGE/ SEX: 25 YRS/ MALE
 - ADDRESS: SURAT.
 - OCCUPATION: JOB IN PRIVATE COMPANY
- **CHIEF COMPLAINS:**
 - K/c/o – bilateral avascular necrosis of hip bone.
 - C/o both hip pain < slight putting leg on ground.
 - C/o knee joint pain <night, <rising from sitting position, <squatting, <walking.
- **PAST HISTORY:**
 - Dengue once.
 - No major illness.
- **FAMILY HISTORY:**
 - Father: Fibromyalgia
 - Mother: Metrorrhagia with uterine fibroids.
- **PHYSICAL GENERALS:**
 - Appetite: good, can tolerate hunger
 - Thermal: cannot tolerate cold – chilly
 - Thirst: wants water every hour – thirsty.
 - Desire: likes non-veg foods a lot.
 - Aversion: not specific

- Sleep: sound sleep. But sleep comes late due to thoughts of business affairs, job, etc.
- MENTALS:
 - Was born in low middle class family. Financial condition was weak.
 - Has to do lot of hard work in childhood.
 - Studied till 12th. Was average in studies.
 - Was angry in nature. If someone told him without his fault, then he gets angry on that person. If gets very much offended, then also does not talk to that person.
 - If there is mistake by himself, then he accepts his fault.
 - Very much anxious nature. Anxious about future, will he get proper job or not??, will be able to perform or not???
 - Constantly thinking about his business. How to improve the business and how to get more money out of it.
- TOTALITY OF SYMPTOMS:
 - Generals – Caries, Necrosis of Bone
 - Generals – Thrombosis
 - Mind – Anxiety, Business, About

CARIES, necrosis of bone	Generals	Arn	Ars	Bac	Bar-c	Both-I	Bry	Calc	Caust	Fl-ac	Graph
THROMBOSIS	Generals	2	2	1	1	1	1	2	1	3	1
ANXIETY business, about	Mentals	1	2			2				1	
		1		1	1		1	1	1		2

Rx. ARNICA 200 I DOSE. SL TDS FOR 1 MONTH.

BEFORE & AFTER REPORTS:

Surat Manav Seva Sangh "Chhanyado" Sanchalit
Shrimati Narmadaben Laljibhai Bhavani - Surat Prerit

AatmaJyoti |MRI| Centre
 New Civil Hospital, Majura Gate, Surat - 395 001. Phone : 0261 - 2240947 / 48, Mob.No. : 90999-28444

Scan No: 175032
 Patient's Name: Mr. Dipak Bharat Gawale
 Ref By: Dr. Dharmesh Savaj

Date: 28.03.2022
 Sex / Age: M/25 yrs.

IMPRESSION:

- Mild to moderate bilateral hip joint effusion.
- Geographical area of abnormal marrow signal in the both femoral heads, which shows double line sign. Bone marrow edema in the both femoral heads.
- Subchondral cyst in the head of right femur on postero-superior aspect.
- Bone marrow edema in neck and intertrochanteric region of both femurs.

These findings represent changes of avascular necrosis of both femoral heads. (Ficat + Arlet Stage II on both sides). Advice clinical correlation.

- Focal bony island / sclerosis in the intertrochanteric region of right femur.

DR. VINAY SHAH
 DMRD (RadioDiagnostist)
 G-16905

DR. NILAY SHAH
 DMRD, DNB (RadioDiagnostist)
 G-47086

DR. ANKIT DUMASWALA
 MDRD, PDCC, PDF (Interment Radiology)
 G-19512

Shree Bhavnagar Jilla Leuva Patel Education & Medical Trust, Surat.

સંચાલિત

Shree Devrajbhai Bavabhai Tejani Medical Centre
 Laxmi Darshan Complex, First Floor, Ved Road, Surat. Ph. (0261) 2521890/91

Patient's name:	Dipakbhai Gavle	Age & sex:	24 Yrs/M
Referred By:	Dr. Dharmesh	Date:	21-Jan-23

X-RAY PELVIS WITH BOTH HIP JOINTS (A.P VIEW)

The bones of pelvis and both hip joints show normal architecture and normal alignment.
 The bones of the hip joint show normal alignment and architecture.
 The hip joint space is normal on either side.

The articular margins are normal
 No soft tissue mass or calcification is seen.
 There is no evidence of fracture.

No evidence of loose bodies or joint effusion is noted.
 The sacroiliac joints are normal.

IMPRESSION : No Bony Abnormality Detected.

Please co relate clinically
 Thanks for Reference.

Dr. S. R. Patel DMRD
 Consultant Radiologist

CASE 3:

- PRILIMINARY DATA
- NAME: BHARATBHAI AMIPARA
- AGE/SEX: 49/MALE
- ADDRESS: SURAT
- OCCUPATION: BUSINESS OF DIAMOND.

➤ CHIEF COMPLAINTS:

- C/o joint pain in left ankle and wrist. He has swelling in both joints.
- Pain < slightest motion and >by rest. When resting, he feels that there is no pain at all.
- It started before 3 days on right side and then appeared on left side.

➤ ONSET, DURATION & PROGRESS:

- 10 days before, he suffered from fever and took some anti-pyretic for it. Then he suffered from vomiting with fever and got admitted in hospital. After discharge from the hospital, then after he developed this complain of joint pain.
- Asked about some exciting mental cause before 10 days.
- He said that i will tell you the complaint in alone only and not in front of anyone.
- He said that he has clash with wife. He said that i have bought new car and wife told to keep that car in front of our house. But, in our society, the car should be parked in a common plot only. Due to this, we had a fight and i got angry on her. I shouted on wife due to this.

➤ PHYSICAL GENERAL

- Activity: dull due to pain.
- Appetite: normal appetite.
- Thirst: need water at short intervals. Hence thirsty.
- Stool: unsatisfactory stool.
- Thermals: cannot tolerate heat at all. Hence, hot patient.

➤ REPERTORIAL TOTALITY:

- COMPLAINTS – SIDE, RIGHT: THEN LEFT:
- COMPLAINTS – ARTHRITIC PAINS
- MIND – MISTRUST SUSPICION, DOUBT
- MIND: ANGER, CROSSNESS, EFFECTS OF

	Bry	Lyc	Aur	Cham	Nux-v	Phos	Staph	Anac	Ant-c
SIDE, RIGHT: THEN LEFT:	1	3							
ARTHRITIC PAINS:	3	2	1	2	2	3	3	2	2
MISTRUST SUSPICION, DOUBT:	1	3	2	1	1	1	1	3	2
ANGER, CROSSNESS, EFFECTS OF:	2	1	1	3	2	1	1		

Rx. BRYONIA 50M I DOSE. SL TDS FOR 10 DAYS.

BEFORE & AFTER REPORTS:

Neuberg Abha

CLINICAL LABORATORIES



LABORATORY REPORT



Name : Mr. BHARATBHAI HAMIPARA	Sex/Age : Male / 49 Years	Case ID : 31203617387
Ref. By :	Dis. At :	Pt. ID : 3225165
Bill. Loc. : Step up Research & Pathology Labs Surat		Pt. Loc. :
Reg Date and Time : 26-Dec-2023 16:19	Sample Type : Serum	Mobile No. :
Sample Date and Time : 26-Dec-2023 16:19	Sample Coll. By : non NACL	Ref Id1 :
Report Date and Time : 26-Dec-2023 18:51	Acc. Remarks : -	Ref Id2 :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE	REMARKS
Chikungunya IgM <i>Immunochromatographic assay</i>	Positive		Negative	

----- End Of Report -----



SINCE 2006

PRAKASH

BASIC COMPOSITE LABORATORY

Cert No 31
NABL

A Franchise Partner of



**General
DIAGNOSTICS**
A Preventive Life Care Division
ISO 13485 : 2016

Name : BHARATBHAI H AMIPARA	Age/Sex : 49 Yrs./M
Ref By : DR. VIJAY AMIPARA B.H.M.S.	Date : 08/01/2024 Report ID. : 18

EXAMINATION FOR CHIKUNGUNIA

TEST	RESULT
IgM	: NEGATIVE
IgG	: NEGATIVE
METHOD	: BY IMMUNOCHROMATOGRAPHIC ASSAY

CASE 4:

➤ PRILIMINARY DATA

- NAME: MRS. K.P.
- AGE: 22YEARS/FEMALE
- QUALIFICATION: M.COM, B.ED.
- MARITAL STATUS: MARRIED
- OCCUPATION: PRIMARY SCHOOL TEACHER
- DATE OF VISIT: 22/02/2023

➤ CHIEF COMPLAINT

- Thyroid dysfunction. → patient is on Thyronorm 50mg since 2 months. Latest report is as follow.

- C/o hair fall and fatigue after physical exertion.
- PAST HISTORY
 - Epistaxis 2-3 times
 - Mouth apathe recurrent.
 - Recurrent boil on extremities.
- PHYSICAL GENERALS
 - Appetite: 3 times/day --- can tolerate hunger.
 - Thirst: thirstless.
 - Desire: dry chicken+++ , roasted food+
 - Aversion: fish – causes
 - Stool: once a day. Satisfactory stool.
 - Urine: 5-6 times/ day.
 - Perspiration: scanty, rarely occurs – mostly generalized. No odor, no stain.
 - Sleep: 7 hrs./night. Sound sleep.
 - Dreams: not any.
 - Thermals: cannot tolerate heat. Wants cold water to bath in all seasons. → hot.
- MENSTRUAL HISTORY: NAD
- MENTALS
 - Anger easily. Husband says that her anger is also for short time only. Which comes and goes suddenly.
 - She is very shy in nature since childhood.
 - She cannot tolerate anyone who talks loudly to her. She starts weeping after it.
 - She is very emotional in nature. I weep at very trivial matter.
 - If i gets angry, then also I start weeping. I weep in front of all.
 - I cannot see anyone in pain. I get affected by it.
 - I was not so good in studies. I do not like to study much.
 - I make mistake in writing. I write wrong spelling.
 - I do not remember roads. I get confused in remembering roads.
 - She is very pampered child of the family.
 - She is very much attached to their parents. She cannot see anything bad happening to their parents.
 - I have only fear that what will happen to my parents when they get old.
 - If my husband is out of home, until he does not come to home, i get constantly worried that will he met with an accident or what.
- ANALYSIS & SELECTION OF RUBRIC
 - AFFECTION OF THYROID GLAND.
 - ANGER WHICH IS FOR TRANSIENT TIME ONLY.
 - IF ANYONE IS OUT, SHE ONLY THINKS NEGATIVE. → FEAR OF MISFORTUNE.
 - SHE WRITES WRONG SPELLING. → MAKES MISATKES IN WRITING.

- SHE DOESNOT REMEMBER ROADS. → CONFUSION, LOSES WAY IN WELL KNOWN STREET.

GLANDS in general, complaints of
 ANGER, sudden ceases suddenly, and
 MISTAKES, makes writing, in
 CONFUSION loses his way in well-known streets
 FEAR misfortune, of

- G** Generals
- C** Mentals
- C** Mentals
- C** Mentals
- C** Mentals

Puls								
	Caust	Lach	Phos	Sulph	Bry	Calc	Chin	
3	1	2	2	1	2	3	1	
1								
1	1	3	1	1		1	2	
1	1	1	1	1	1			
2	2	1	1	1	2	2	1	

Rx. PULSATILLA 10M I DOSE. SL TDS FOR 1 MONTH.

BEFORE & AFTER REPORTS:

Shrey Pathology & Microbiology Laboratory
 Dr. Manish M. Lakhataria, M.D. (Pathology)
 GMC Reg. No. G13266
 For Home Collection : Ph.: 9712920369, 9429222819

Name : KAMINI PATEL
 Ref By : DR. RAJ BHIMANI
 Age/Sex : 23 Yrs./F
 Date : 20/02/2023
 U.I.D. : P-230220448

TEST	RESULT	UNIT	REFERENCE INTERVAL
Total Triiodothyronine - T3	87.0	ng/dl	58.0 - 159.0 ng/dl
Total Thyroxine - T4	6.22	µg/dL	4.87 - 11.72
Thyroid Stimulating Hormone ULTRASENSITIVE (TSH)	<u>8.1255</u>	µIU/mL	0.350 - 4.940 µIU/mL

Shrey Pathology & Microbiology Laboratory
 Dr. Manish M. Lakhataria, M.D. (Pathology)
 GMC Reg. No. G13266
 For Home Collection : Ph.: 9712920369, 9429222819

Name : KAMINI PATEL
 Ref By : DR. RAJ BHIMANI
 Age/Sex : 23 Yrs./F
 Date : 22/03/2023
 U.I.D. : P-230322483

TEST	RESULT	UNIT	REFERENCE INTERVAL
Total Triiodothyronine - T3	85.0	ng/dl	58.0 - 159.0 ng/dl
Total Thyroxine - T4	6.60	µg/dL	4.87 - 11.72
Thyroid Stimulating Hormone ULTRASENSITIVE (TSH)	<u>4.9479</u>	µIU/mL	0.350 - 4.940 µIU/mL